

YAMHILL COMMUNICATIONS AGENCY

NOTICE TO APPLICANT: WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DO NOT DISCRIMINATE ON THE BASIS OF AN APPLICANT'S OR EMPLOYEE'S RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, PHYSICAL OR MENTAL DISABILITY OR ANY OTHER CHARACTERISTIC. **RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED YAMHILL COMMUNICATIONS APPLICATION.**

PERSONAL INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

NAME _____ EMAIL _____

PHYSICAL ADDRESS/ INCLUDE MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

POSITION INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

POSITION APPLIED FOR _____

DEPARTMENT/GROUP _____

HAVE YOU EVER WORKED FOR THIS ORGANIZATION, IF SO WHAT DATES AND POSITION? _____

REASON FOR LEAVING _____

EDUCATION (PLEASE TYPE OR PRINT LEGIBLY)

SCHOOL/INSTITUTION	MAJOR OR AREA OF STUDY	CERTIFICATE OR DEGREE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY

DATE RCVD _____ ACCEPTED BY _____ RESUME _____

QUALIFICATIONS _____ SKILLS ASSESSMENT DATE _____

INTERVIEW _____ COMMENTS _____

EMPLOYMENT HISTORY (PLEASE TYPE OR PRINT LEGIBLY) LIST CURRENT FIRST—When describing Job Duties, list skills learned/used applicable to job applied for—Attach additional pages as needed

CURRENT _____ TELEPHONE _____
ADDRESS _____
POSITION _____
FROM _____ TO _____ MAY WE CONTACT EMPLOYER _____
REASON FOR LEAVING THIS POSITION _____
JOB DUTIES _____

EMPLOYER _____ TELEPHONE _____
ADDRESS _____
POSITION _____
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EMPLOYER _____ TELEPHONE _____
ADDRESS _____
POSITION _____
FROM _____ TO _____ MAY WE CONTACT EMPLOYER _____
REASON FOR LEAVING THIS POSITION _____
JOB DUTIES _____

REFERENCES (PLEASE PRINT)

NAME	RELATIONSHIP	TELEPHONE (day/evening)	YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION

DRIVERS LICENSE NUMBER _____ STATE _____ EXP DATE _____

NAME OF FRIENDS AND/OR RELATIVES EMPLOYED BY THIS ORGANIZATION _____

DATE AVAILABLE TO START: _____

TRAINING AND MILITARY HISTORY

PRESENT MILITARY STATUS _____

BRANCH OF SERVICE _____

LIST TRANSFERABLE SKILLS DIRECTLY RELATED TO THE JOB DESCRIPTION AND/OR TRAINING RECEIVED THAT WOULD HELP YOU IN THE POSITION OF EMERGENCY COMMUNICATIONS:

ACKNOWLEDGEMENT (PLEASE READ CAREFULLY)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and I agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees or representatives. I understand that there will be a criminal records check conducted based on the information provided in the application. **I ALSO UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE A JOB OFFER, OR, IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT.**

ATTACHMENTS _____

APPLICANTS SIGNATURE _____ DATE _____